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## Summary of mid-term reviews and major evaluations of country programmes

### Eastern and Southern Africa Region

*Summary*

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The Regional Office received the MTR and evaluations on HIV/AIDS described herein during 2000. A few of the evaluations reviewed were completed prior to 2000. All of the evaluations reviewed were considered to include essential cumulative programme lessons learned in this priority area.

## Introduction

1. There was one mid-term review (MTR) — for Comoros — conducted in the region during 2000. The present report also describes general monitoring and evaluation issues in the region and reviews evaluations of HIV/AIDS programmes. Summaries of selected evaluations are presented to highlight the lessons learned and applied to improve programmes. A brief concluding section summarizes results and highlights future directions for effective programme development.

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# Mid-term review of the Comoros country programme

2. Political instability in Comoros is impeding social and economic development. The Government of Comoros/UNICEF programme of cooperation for 1997-2001 has spanned 2 regimes and 12 Governments. The programme focuses particularly on the health and education sectors; however, there have been nine ministers of health, seven ministers of education and three secretaries-general since 1997. Anjouan, one of three islands forming the Republic, declared itself independent in 1997, and was subsequently put under embargo by the Republic. This effectively put a halt to almost all programme activities on the island. Overall, it was difficult to achieve progress on most objectives. Nevertheless, the MTR identified achievements and made recommendations for adjustments to the country programme management plan (CPMP).

3. **The situation of children and women**. The situation of children and women is the same or worse than it was in 1997. The population is doubling every 20 years. Gross domestic product slid from $700 in 1991 to $452 in 1997. Many families depend on remittances from abroad. The last available quantitative information (1995-1996) showed infant mortality at 77-88 per 1,000 live births; under-five mortality at 104-128 per 1,000 live births; and maternal mortality at 500-950 per 100,000 live births. There are significant inter-island disparities, with Anjouan being the most densely populated and impoverished, and with the worst vaccination coverage and lowest life expectancy. Malaria, diarrhoea and acute respiratory infections remain the worst threats to children's lives. Some 34 per cent of children are malnourished, 13 per cent of them acutely. Vitamin A and iodine deficiencies are endemic. Health facilities are accessible, but the quality of care is extremely poor and services are underutilized. Vaccine coverage, which had deteriorated, improved in late 2000. The prevalence of HIV/AIDS is relatively low, but there are many factors present conducive to its spread. On the bright side, basic education is a priority in the country. High percentages of boys and girls are enrolled in school, although at low levels for their age, and with high drop-out and repetition rates. Girls' rights to education and to freedom from economic and sexual exploitation are more likely to be abrogated than are boys' rights. A National Commission and a Regional Committee (*Mohéli*) were established to oversee implementation of the Convention on the Rights of the Child. The initial report was sent to the Committee on the Rights of the Child in 1997 and was examined in September 2000.

4. **Achievements and constraints**. Achievements during 1997-2000 in the area of basic health care included the rehabilitation of two health posts, and the provision of medicinal supplies and cold-chain facilities. With the assistance of the World Health Organization (WHO), a list of essential drugs was distributed. A chief doctor received public health training. Follow-up is pending health sector reform recommendations. Health registers were distributed, but are not yet in use. Constraints to achieving health care objectives include the large number of health facilities in need of assistance, and the failure of cost-recovery measures to sustain medical supplies as revenues are used to pay salaries. A comprehensive needs assessment is required. Statistics need to be collected and used. With assistance from UNICEF, Coopération française (French Cooperation) and CARE International, achievements in the fight against endemic diseases in 2000 included activities in cholera prevention and the expanded programme on immunization (EPI). Some 120 traditional birth attendants were trained and equipped with safe

delivery kits. Educational material on breastfeeding was distributed to all districts. The Government is formulating a policy on iodized salt. Vitamin A capsules were distribution in conjunction with measles vaccinations. Water in Grandes Comores cisterns was analysed. Although not a programme objective, there were many activities and achievements in malaria prevention.

5. Progress was made on achieving the education objectives and in child rights. An education study team visited Madagascar, and an evaluation report identified priority needs. As a result, 52 public schools were refurbished and another 17 in high priority areas received special support. Girls' enrolment increased from 35 to 39 per cent. The Government's local partnership strategy enabled communities (especially in Grande Comores) to mobilize resources, pay teachers and keep schools open, while other areas suffered school closures because teachers were not paid. Studies on girls' education and child labour resulted in a national plan of action for the promotion of girls' education. A comparative study of Comorien laws and the Convention on the Rights of the Child was undertaken, and two judges for minors were appointed. A birth registration system was established. Twenty journalists were trained in the rights of the child. The programme objective of strengthening data collection and use was considered over-ambitious.

6. **Assessment of programme strategies: lessons learned**. The programme has five cross-cutting strategies. The partnership strategy worked well for the education projects, especially in Grandes Comores, where many communities assumed responsibility for local schools. Lessons learned should be applied in health and social planning projects and across all three islands. Exploiting convergences and synergies with other development partners requires the development of regional and national action plans. This would help to correct fragmented approaches and duplication of efforts. The social mobilization and advocacy strategy was implemented unevenly, with some successes in child rights advocacy and with mass media communication campaigns for specific programmes. Extending the village development associations found in Grandes Comores would facilitate grass-roots mobilization. The monitoring and evaluation strategy was poorly implemented except in education projects. Even where data collection mechanisms exist, they are not being used. Programme reviewers found that involving women in all aspects of development programming remains a challenge.

7. **CPMP**. Adjustments to the CPMP build on strengths and capacities existing despite the difficult political and economic context. Some recommended changes reflect a new dynamism in Comoros for the realization of children's and women's rights. The following adjustments were approved by UNICEF and the Government: (a) interventions to decrease disparities between islands; (b) decentralization of capacity-building efforts to improve local partnerships; (c) support for the involvement of youth in the fight against HIV/AIDS; (d) exploitation of synergies with partners to achieve the objectives of the basic health project; (e) adaptation of EPI project strategies with the aim of improving coverage; (f) increased focus of the health promotion project on the fight against malaria, the reduction of maternal mortality and iodine and vitamin A deficiencies, and health education in schools; (g) inclusion of the following basic education strategies: advocacy with the Government to pay teachers' salaries; support for community initiatives; improvements in the quality of apprenticeship training; support for civic education in schools; and support for community partnerships in schools; (h) the elimination of social planning as a priority area, replaced by promotion of the rights of the child; and (i)

replacement of the planning and social statistics project with activities aimed at preparing for the next programme of cooperation (2002-2006) within a child rights framework.

## General monitoring and evaluation issues

8. The regional strategy for evaluation, approved by the Regional Management Team (RMT), focuses on improving quality in evaluation through capacity development, information sharing and increased electronic networking. The Eastern and Southern Africa Regional Office has supported the creation of national evaluation associations, usage of an e-mail list-server and creation of a web site for evaluation in Africa, and development of a checklist for quality control of evaluation research — the "African Evaluation Guidelines".

9. The number of collaborating national evaluation associations and networks in Africa increased from 6 in 1999 to 12 in 2000. Some groups have only a dozen members (South Africa, Zimbabwe), while others have over 200 members (Kenya). The focus on capacity development is shifting towards improving quality by influencing evaluation practice and government evaluation policy. One of the networks has benefited from the participation of the head of the Government Evaluation Unit (South Africa) and one from leadership by the Director of the Government Statistics Office (Madagascar).

10. Six national networks or associations have registered as co-authors of the draft "African Evaluation Guidelines", a checklist for quality assurance in evaluation research. UNICEF piloted the use of this checklist in the Zambia MTR and the Kenya EPI review. WHO will be incorporating items from the checklist in its revised EPI review protocol at a global level.

11. Three key lessons were learned from these activities. Regional evaluation activities can be operated as a programme, as well as a service. Modest, non-financial encouragement can result in the creation and sustained capacity development of organizations of national evaluators, and the close linkage of these groups to UNICEF country offices. Emerging national civil society organizations can have significant effects on national research environments.

## Major evaluations by priority area

12. In 2000, the Regional Office presented a thematic review of evaluation work in the region rather than a few studies in depth. This year, following an RMT discussion, it was decided to present a thematic review of evaluation studies and lessons learned by UNICEF programmes dealing with HIV/AIDS, the major regional priority. Seventy-seven studies on HIV/AIDS were undertaken in 14 countries in the last 10 years. About one half of the studies were completed in the last two years, a clear sign of the increased attention to this priority area. The best 23 evaluations were selected for inclusion in this review, mostly from 2000. Lessons learned from earlier evaluations are included when they are considered essential to a clear cumulative understanding of programmatic issues and when the results have not been presented previously to the Executive Board.

13. This thematic review is structured according to the five regional priorities in HIV/AIDS: (a) breaking the silence, ending the stigma (5 evaluations); (b) prevention of mother-to-child transmission (MTCT) (6); (c) children orphaned by AIDS (6); (d) prevention among youth (6); and (e) care and support of women and children (7).

## Breaking the silence, ending the stigma

14. Most countries have already greatly increased their understanding of the knowledge, attitudes, beliefs and practices that contribute to the spread of HIV/AIDS. This understanding is now being applied effectively to key information, education and communication (IEC) projects. The region made progress towards "breaking the silence". There is now a high level of awareness about HIV/AIDS. The Regional Office reviewed 13 evaluative studies relating to this priority area, from the United Republic of Tanzania, Zambia and Zimbabwe (the latter being the first country in the region to confront the epidemic squarely). The studies below provide lessons learned from four communication approaches: peer education; participatory drama; community-based IEC; and radio.

15. A Zimbabwean evaluation describes a focused project that trained commercial sex workers as peer educators, 80 per cent of whom said that they increased peoples' awareness of HIV/AIDS and improved communication between men and women. The project motivated community members to engage in peer education and vigorously promoted the distribution of condoms. Health-seeking behaviour, especially for sexually transmitted infections (STIs), increased. Community members wanted the project to build on this success by broadening its target audience and including life skills training. Based on this lesson learned, Chitungwiza Town Council and UNICEF started a youth peer education project.

16. UNICEF Tanzania sponsored an empowering, evaluative process called "The Popular Theatre Approach". Thirty-seven animators fanned out across two rural districts, enlisting people from all walks of life. They identified causes for the spread of HIV/AIDS, suggested solutions, decided on priorities and chose art forms to deliver prevention messages. Some 18,500 people attended the arts festivals held to deliver these messages. The evaluation process itself was part of the product. It helped people understand their environment, develop skills for independent problem-solving and decision-making, and implement their decisions.

17. A Zimbabwean project with a similar objective used several non-governmental organization (NGO) partners, with mixed results. All partners were active in training community workers and developing media messages, but some materials were inappropriate. Many educators did not comprehend or could not implement participatory techniques. Partners differed in their belief and commitment to objectives. Multiple counterpart approaches require a higher level of coordination, careful consideration of partners' capacities, and consultative planning. A major lesson learned from this project is that participatory approaches are essential, but not easily achieved.

18. Most evaluations in Africa rely on qualitative approaches, which cost less, can be done faster, and do not require sophisticated training and software. By contrast, a quantitative evaluation of a radio programme in Zambia applied a sophisticated statistical methodology relying on baseline and follow-up survey data. A cluster

sampling procedure used random selections in three stages. The study confirmed that people understood the radio programme and that attitudinal and behaviour changes occurred. However, these changes could not be ascribed to the impact of the programme. People with low exposure to the programme showed the same changes as those with high exposure since people in the programme area had access to at least six other sources of information. A useful lesson was learned about the importance of isolating programme effect from other effects. The attribution of effect is a complex endeavour.

## Prevention of mother-to-child transmission

19. The Regional Office received eight evaluative studies on this priority area, from Botswana, Kenya, Mozambique, Swaziland, the United Republic of Tanzania and Zambia. The prevention of MTCT is a newer area of intervention in the region. Most pregnant and lactating women do not know their HIV status, let alone have rights of access to Zidovudine (AZT) or Nevirapine. Non-AIDS risks to non-breastfed infants remain high, so policy makers hesitate to advise HIV-positive women against breastfeeding. Women who do not breastfeed are stigmatized and immediately suspected of being HIV-positive. MTCT interventions can be complex and costly. Components include creating enabling, supportive environments; testing and counselling; administering drug regimens; and teaching about safe, affordable breastfeeding alternatives. The five studies summarized below illustrate lessons learned from pilot projects at health facilities and from formative research to guide and improve programme design.

20. Two studies from Botswana assessed pilot MTCT projects from different perspectives. One study in a low-income urban area documented the perspectives of pregnant and breastfeeding women attending clinics and the views of their communities. Focus group discussions and interviews showed that MTCT prevention programmes must include the whole community. Women do not make decisions alone and need support for those decisions, especially from men and elders of both sexes. IEC should be a dynamic, interactive process. It should be positive about MTCT prevention and avoid scaring women away from testing. The second study focused on health service providers at 12 health facilities. It assessed logistics, IEC, feeding, monitoring, staffing, laboratory work and counselling. Specific suggestions for improvements included giving single-dose Nevirapine to increase uptake and eliminate patients receiving suboptimal doses. Women should be allowed to take small amounts of formula home that will not attract attention. Projects must establish and maintain appropriate IEC, guidelines and protocols. Motivated staff, rapid turnaround of test results and committed managers are key to success.

21. Three baseline assessments, from Kenya, Swaziland and Zambia, used focus group discussions with men and women at the community level. The Kenyan study also used a cross-sectional survey to sample different cadres of health workers who serve pregnant and lactating women. The Swaziland study was the most extensive, with qualitative and quantitative data collected at the national level through questionnaires, focus group discussions and in-depth interviews. All the results highlight the importance of ensuring that health workers are kept up-to-date about all aspects of MTCT, that they have good counselling skills and that they receive follow-up supervision. Cost and risk analysis should precede MTCT implementation to determine local availability, affordability, acceptability and safety of breast milk

substitutes. Prevention, care, support and stigma must be worked on simultaneously, in partnership with communities, organizations and programmes. Participatory research can ensure that IEC messages are effective.

## Children orphaned by AIDS

22. The Regional Office reviewed eight evaluative studies relating to this priority area, from South Africa, Swaziland, Zambia and Zimbabwe. The needs of the growing millions of AIDS orphans overwhelm traditional coping mechanisms. In 2000, countries sought answers to fundamental questions such as "Who are they?", "Where are they?", "Who is taking care of them, and how well?", and "What are realistic, sustainable approaches to meeting their needs and achieving their rights?". South Africa took a major step forward with two studies that assessed the quality of five types of care, and identified the most cost-effective as well as areas for immediate action. One South African study, and the Swaziland study, included in-depth interviews with orphans and caretakers. Most of the children interviewed were left in circumstances that contravene their basic rights, and they lacked awareness of policies, laws or programmes to protect them. Advocacy for children's rights is needed at all levels. Zambia and Zimbabwe evaluated community-based care programmes with a view to assessing replicability and sustainability. It is promising to note that participatory, community-owned approaches work well and are cost-effective.

23. An excellent two-part South African assessment covered 10 sites and was enriched by the participation of a large, comprehensive group of stakeholders. Six different approaches to caring for orphaned and vulnerable children were described: (a) informal, non-statutory foster care; (b) community-based support structures; (c) home-based care and support; (d) unregistered residential care; (e) statutory adoption and foster care; and (f) statutory residential care. The assessment discussed all aspects of each approach. Residential and community-based approaches were the best for children, and community-based models the most cost-effective. However, external assistance is needed to ensure that cost-effective approaches meet minimum quality of care standards. Some expensive statutory residential institutions are necessary because many children have no other place to go and are fatally ill. A continuum of approaches must exist, and laws should allow for emergent responses that fill a gap. In-depth interviews in a Swaziland study enabled evaluators to achieve deeper insights into orphans' circumstances. The orphans expressed a strong desire for solutions that keep siblings together and in familiar surroundings. Having a trusted adult to talk with greatly reduces their anxiety and depression. Most of the orphans did not know how or were afraid to talk about why their parents died. This contributed to their stress and heightened their risk of contracting the disease. All of these studies recommended community development approaches that foster joint problem-solving and that are based on children's rights rather than just basic needs.

24. A community-based programme in Zimbabwe was evaluated in order to make recommendations for sustainability. Community committees managed interventions in 15 chieftainship areas covering two districts. The evaluation employed a questionnaire for 460 households, participatory community discussions, interviews with key informants and stakeholder meetings. Communities achieved different levels of success in mobilizing support for orphans due mainly to the quality of leadership, the quality of committee membership and the degree of involvement of

local populations. Even well-organized, active communities could not meet all the orphans' needs. However, communities with strong, transparent and committed leadership, who got the whole community involved, accomplished the most. A final lesson learned was that while community-level, income-generating projects worked better than household-level interventions, even some low-profit garden projects were useful because they improved nutrition.

25. An NGO/hospital-implemented project in Zambia helped two communities assist orphans through awareness-raising, the formation of "Children in Need" committees, the registration of orphans and income-generating projects. UNICEF funded the rehabilitation of a school, a borehole and a health centre in return for tuition waivers and health care for orphans. Several lessons were learned and subsequently applied in the project. For example, the provision of free health care at clinics was not very useful because all serious illnesses are referred to the hospital, where orphans are not exempt from paying. Committees needed to be better trained and motivated to register and monitor orphans, and to coordinate with schools and clinics. More generally, the division of responsibilities between UNICEF, the NGO and local committees did not work as well as the approach in Zimbabwe, where all responsibility was at the community level. This project needs stronger planning and a more transparent, participatory approach.

## Prevention among youth

26. The Regional Office reviewed 10 evaluative studies relating to this priority area, from Botswana, Ethiopia, Kenya, Madagascar, Malawi, Mozambique and Zimbabwe, as well as from a regional programme. The studies included formative research, advocacy and project evaluation at regional, national and subnational levels. Prevention among youth was addressed by approaches that aimed at both attitude and behaviour change. To this end, a marked shift occurred, away from simply transferring passive knowledge, to teaching empowering life skills such as decision-making, problem-solving and negotiating. The Sara Communication Initiative, summarized in paragraph 27 below, exemplifies this approach. A programme in Malawi called "Going to Scale: Sustained Risk Reduction for Youth" deserves special mention for national-level behaviour change. The three other studies summarized below illustrate lessons learned from youth-oriented IEC projects in Madagascar and Mozambique, and from a national-level, formative research study in Zimbabwe.

27. The Sara Communication Initiative is a regional "entertainment/education" strategy. It uses popular formats in film, radio and printed materials to raise awareness about themes associated with the rights of the child. Many of the stories deal with HIV/AIDS-related sexual behaviour and practices. Twenty-three countries are involved in the Initiative; 11 have completed formative research and evaluation of at least one episode/story. A summary report includes an implementation study carried out in seven countries; a quantitative outcome study from the United Republic of Tanzania; and four qualitative outcome studies from Kenya and Uganda. The implementation study and the qualitative outcome studies relied on direct observation, interviews and document analysis. The quantitative outcome study used a survey based on multi-stage cluster sampling. The results confirmed that a well-planned, well-researched, high-quality entertainment/education strategy is very successful, especially when combined with facilitative teaching and discussion.

Illustrative cases showed girls who were using life skills that had been learned or reinforced by the Sara materials. However, children's rights were fully realized only when parents or other caregivers supported them.

28. A national programme in Malawi provided youth with knowledge and skills to avoid high-risk sexual behaviour. A qualitative evaluation assessed the six programme components: school curriculum; extra-curricular activities; environmental support; clubs for out-of-school youth; reproductive health services for youth; and monitoring and evaluation. Developing and implementing curriculum took longer than expected — one was in place and others were being developed at the time of the evaluation. This might be expedited by adapting curriculum materials from other countries and cooperating with other donors. Some 3,200 anti-AIDS clubs were established in schools. These were more successful than the out-of-school clubs because the school clubs were better organized, better focused and did not try to accomplish goals beyond their competencies, such as skills training. More girls need to be encouraged to attend anti-AIDS clubs. The programme sponsored two radio programmes, advertisements and purchases of sports equipment. Two unrealistic objectives were not achieved (a video and pilot reproductive health services). Overall, the programme was very successful in "breaking the silence" and in bridging the knowledge-behaviour gap.

29. An IEC project in Madagascar was evaluated using an empowering, participatory approach that trained partners. Information was gathered from 441 people in 46 groups at 9 sites. Focus group discussions included diverse socio-occupational groups (e.g. rickshaw pullers, prostitutes, dockworkers, street children, students, apprentices, soldiers, police, health workers, university administrators, and members of sports and religious clubs). The same groups met again to discuss findings, arrive at conclusions and agree on solutions. It was agreed that IEC messages were not well understood or remembered, nor did they address the issues of fear and stigmatization. IEC activities should be developed and implemented by people with a close relationship and understanding of target audiences. Grass-roots groups such as anti-AIDS and stop-AIDS clubs in schools, police, military and workers' groups can be very effective in educating and mobilizing people, especially when they integrate IEC into their ongoing activities.

30. A project in Mozambique used theatre and youth mobilizers to bring IEC on HIV/AIDS to students. The project was evaluated through interviews with the youth mobilizers, reviews of monthly reports, and focus group discussions with a sampling of youth and their teachers, who received the IEC. The evaluation participants felt that the impact would have been greater if the messages were less pedantic and more appropriate for the target audience. The mobilizers did not have good participatory communication skills. Teachers and students believed that training peers as educators is more effective. As a result of this evaluation, the implementing NGO hired a communications specialist. The study also pointed out that messages delivered in schools should be reinforced by HIV/AIDS education within the school curriculum.

31. A national-level study in Zimbabwe investigated the health and development needs of out-of-school youth (both sexes) between the ages of 14 and 24 years. A quantitative questionnaire was administered to 355 youths in six provinces. Some 542 people participated in focus group discussions and community forums in four provinces. Purposive sampling controlled for ethnicity, gender and location. Out-of-

school youth are particularly vulnerable to HIV, other STIs, unwanted pregnancies, substance abuse and law breaking. The study stressed their lack of productive alternatives. HIV/AIDS awareness has little impact on their behaviour. Two printed publications were virtually inaccessible, and radio broadcasts were judged to be repetitive, outdated, sensationalist or poorly timed. The study recommended a "youth-friendly" approach to health services to reduce barriers such as inaccessibility, cost, lack of confidentiality and religious beliefs. To reduce HIV/AIDS transmission, youth need education on reproductive health, substance abuse and support for safe sexual practices. Interventions must take into account gender inequalities in sexual decisions.

## Care and support of women and children

32. The Regional Office reviewed 16 evaluative studies relating to this priority area, including education in particular, from Ethiopia, Kenya, Mozambique, Swaziland, the United Republic of Tanzania, Zambia and Zimbabwe. Formative and evaluative research across all countries identifies the same pressing needs for information, education, health care and advocacy to end discrimination and stigma related to being infected, widowed or orphaned by HIV/AIDS. Three different approaches to understanding the impact of HIV/AIDS on education are illustrated below in studies from Kenya, Mozambique and the United Republic of Tanzania. Two Zimbabwean evaluations summarized below illustrate lessons learned from developing and implementing curriculum at different levels. A Zambian evaluation covers four different types of peer education projects.

33. Studies from Kenya and the United Republic of Tanzania investigated the impact of AIDS on the education sector. The Kenyan study purposively selected 11 high prevalence sites throughout the country, where classical focus group techniques and child-oriented research methods were used at 129 schools. The Tanzanian assessment used a cross-sectional survey, focus group discussions, on-site observations and document review. Both studies stressed the need for teacher training and HIV/AIDS and reproductive health education within schools. The Kenyan study powerfully demonstrated that children understand the impact of AIDS on their lives, and can clearly articulate what they need and what they can do. Their input, together with community support, enrich curriculum and programmes. Important elements are stopping substance abuse, discouraging harmful traditional practices, modifying rites of passage and replacing social gatherings conducive to promiscuity. Changing transfer policies and allocating more funds for substitutes could help with shortages of teachers due to HIV/AIDS. Counselling and guidance are the least funded elements. Communities could earmark local sales taxes to support orphans, while NGOs could mobilize social support groups. The worst deprivations of children's rights occur in hard-to-reach rural areas.

34. Mozambique used Spectrum projection software to explore demand, supply and cost factors on a national level for the education sector. Despite higher mortality rates, the demand for education is little affected by HIV/AIDS. However, the epidemic diminishes the supply of teachers and administrators; between 2000 and 2010, 17 per cent of personnel will die of AIDS. For each death, 18 months of productive work time are lost. The efficiency of the education sector will be reduced and costs will increase by about $110 million. Thousands of AIDS orphans are likely to be denied their right to education. The evaluation recommended expanding

both teacher training and education on AIDS to all school levels. Teachers should be motivated to practise preventive behaviour, and laws prohibiting sexual relations with students should be enforced. Programmes and policies to assist orphans remain in school are needed — one low-cost example is to make school calendars sensitive to farm labour seasons.

35. A frank yet appreciative evaluation from Zimbabwe reflects on lessons learned from a decade of introducing HIV/AIDS education into primary, secondary and tertiary schools. The report relied on extensive documentation review and interviews with key informants. The programme was cost-effective, highly successful and worth replicating in other countries. Success hinged on a flexible implementation process (good planning and constant review, with refinement or change as needed), and also on participatory teaching and learning methods. The curricula included both factual information and practical exercises aimed at developing life skills. By introducing cluster-level on-site training, the programme corrected delays and dilution in quality resulting from the cascade method of training. Another discovery was that even experienced curriculum writers and teachers needed intensive training in participatory methods. They also needed guidance in dealing with sensitive, sexually explicit topics.

36. Another report from Zimbabwe used questionnaires and focus group interviews to assess the capacity developed among student teachers to support the AIDS and life skills curriculum in primary and secondary schools. Respondents were 1,562 third-year students in 17 colleges. The course enabled them to discuss sexuality and teach reproductive health issues, but it did not change their suspicion and fear of persons living with HIV/AIDS. A tendency to cast blame remained. The small increase in knowledge between the baseline and evaluation studies was not attributable to the course. Participants recommended that course attendance should be enforced, and that curriculum, resource materials and teachers should be more up-to-date and appropriate. The use of peer educators and participatory learning techniques could help students to internalize more positive attitudes.

37. An evaluation from Zambia reviewed four UNICEF-assisted projects: (a) training people in counselling; (b) training youth peer educators; (c) building the capacity of an AIDS support organization; and (d) delivering IEC to low-income commercial sex workers and other women. The evaluator collected information through document reviews, on-site observational visits and interviews, and then applied convergence and divergence theories to describe common themes and patterns across the four projects. Although the NGO partners had diffuse objectives and target groups, educators in all of the projects increased knowledge about the transmission and prevention of HIV/AIDS. The next phase of intervention should use participatory assessment, analysis and action to refine and improve IEC messages and specifically target behaviour change.

## Conclusions and implications for future actions

38. The Comoros MTR and the evaluative studies summarized in the present report are collective evidence of a nascent paradigm shift towards recognizing that achievement of women's and children's rights must inform programme design, objectives and, of course, evaluation. In the priority area of HIV/AIDS, there is a shift from exploration of needs, issues and advocacy, towards dynamic interventions

to stem HIV/AIDS and create enabling environments for women and children infected or affected by HIV/AIDS.

39. The six most successful projects described in this report shared a common element of broad-based participation at both community and national levels, for example, the exemplary community-level, participatory approaches of the Popular Theatre Approach in the United Republic of Tanzania; the community-run programme in 15 chieftainships in Zimbabwe; and the community-based, cost-effective solutions to orphan care in South Africa. At the national level, role models include extensive pre-testing and refinements to develop the Sara Initiative; the 3,200 anti-AIDS clubs in Malawian schools; and the implementation of AIDS education at primary, secondary and tertiary levels in Zimbabwe. Eight excellent baseline assessments and evaluations also used participatory approaches. By contrast, six evaluations of less successful projects found that they failed to adequately incorporate the views, priorities and involvement of the people they were trying to serve.

40. Participatory approaches help people to "own" their problems and identify solutions, but the emphasis on problems may be discouraging. A more appreciative focus that identifies strengths and accomplishments can have an energizing and empowering effect. The best examples are the report from Zimbabwe on the HIV/AIDS curriculum, the Tanzanian Popular Theatre Approach, and the South African assessment of caregiving approaches for orphans. All three enabled stakeholders to solve problems by using their own strengths. HIV/AIDS in Africa can seem to be an overwhelming, inexorable tragedy; nowhere is a positive, "can-do" approach more necessary to overcome fatalism and dismay. Extending an appreciative approach to participatory processes is a promising future direction for evaluation. These reviews have helped to create the lessons learned needed to deal with emerging issues and obtain useful outcomes through the Regional Office's medium-term strategic planning.

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## Summary of mid-term reviews and major evaluations of country programmes

### West and Central Africa region

*Summary*

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustment in the country programmes. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and major country programme evaluations described in the present report were conducted during 2000.

## Introduction

1. Four countries of the West and Central Africa region conducted their mid-term reviews (MTRs) in 2000: Cameroon, Guinea-Bissau, Mali and Mauritania. These reviews were carried out with the assistance of the headquarters of the United Nations Children's Fund (UNICEF) in New York and the regional office. Social and economic performance over the past three years has varied, depending on the country. In Cameroon, economic growth resumed at a very modest rate and is gradually being consolidated, but it has been slow to have an impact on the living conditions of the population. Guinea-Bissau experienced a civil war in 1998 and

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1999 which caused massive destruction to its social and economic infrastructure, and the opposition's victory in the 2000 presidential elections does not seem to have restored order to the country. Nor is the political uncertainty in the country conducive to investment and thus to economic revitalization.

2. Mali is experiencing a slowdown in the growth of its gross domestic product (GDP), which fell from 6.5 per cent in 1997 to 4.5 per cent in 1998. The crisis in the cotton sector and the drop in world prices have led to lower earnings for growers. The impact on the public finances has been considerable, with an estimated loss of more than 100 billion CFA francs. The industrial sector experienced major problems as a result of power cuts from 1998 to 2000. In political terms, the environment is more favourable, with the holding of local elections in 1998 and 1999 and the subsequent establishment of decentralized institutions. Repeated strikes by teachers and students and work stoppages by public employees (including doctors in 1999) are impeding the country's social development. In Mauritania, GDP grew by an average of 4.8 per cent per annum between 1990 and 1999, leading to aggregate per capita revenue growth of nearly 14 per cent over that period. Per capita income increased slightly (1 per cent). The poverty ratio fell by 1.6 per cent and the extreme poverty ratio by 2 per cent. Poverty reduction was more significant in urban areas than in rural areas.

## Country mid-term reviews

### Cameroon

3. The preparation and organization of the review were coordinated by the Economic and Technical Cooperation Department of the Ministry of Public Investments and Territorial Development. A work plan was developed by April 2000. The reports on the 1998 and 1999 annual reviews and the results of the studies and evaluations were used in the sectoral reviews organized for each of the five programmes that make up the country programme. Non-governmental organizations and several bilateral and multilateral cooperation partners, including the resident missions representing the countries members of the UNICEF Executive Board and the agencies of the United Nations system, as well as representatives from UNICEF headquarters and the regional office, participated in the review meeting.

4. **The situation of children and women.** There has been a deterioration in the health situation: between 1989 and 1996, the infant mortality rate rose from 65 to 77 per 1,000 live births and the infant and young child mortality rate (0 to 5 years) increased from 126 to 151 per 1,000. Lack of progress with respect to immunization coverage accounts in part for this increase in mortality among infants and young children: measles was the leading cause of death among children. It is exacerbated by widespread malnutrition: 22 per cent of children suffer from stunted growth. HIV/AIDS affects 6 per cent of pregnant women and is contributing to the renewed rise in mortality rates. Maternal mortality is 430 per 100,000 live births, a high rate attributable to the low level of access to obstetrical care and the low rate of assistance to women in childbirth (58 per cent). Significant progress has been made with respect to consumption of iodized salt, which almost all Cameroonian households (94 per cent) now consume. Guinea worm transmission has ceased since 1997.

5. As with infant mortality, the situation with respect to school attendance has deteriorated: the crude primary enrolment rate fell from 93 per cent in 1990/1991 to 81 per cent in 1998/1999. The pre-school enrolment rate remains low and made little progress during the decade 1990-1999, rising from 10 to 12 per cent. Regional disparities in education are among the highest in West and Central Africa: the crude enrolment rate in the south is 119 per cent, the highest in the country, while in the far north it is only 50 per cent (the lowest). In those regions where enrolment rates are lowest, girls are up to three times more likely than boys to drop out of school. The disparities in male and female literacy are even more pronounced: 28 per cent of adult males are illiterate, compared with 45 per cent of adult women. Cameroon is both a country of origin and a transit State for the traffic in children: the number of children affected by trafficking for the purpose of exploitation is estimated at more than 500,000.

6. **Achievements.** At its inception, the country programme consisted of four programmes, to which a fifth, on HIV/AIDS, was added following the 1999 annual review. The main achievements of the health and nutrition programme have been the development of more effective management through the preparation of a guide on monitoring and evaluation and budgeting; the training of district management teams in decentralized micro-planning; and the establishment of a network of three district hospitals and 18 health centres, as well as the training of their staff. Among the successes of the basic education programme have been the preparation and adoption of a conceptual and institutional framework for non-formal basic education; the development of a multi-year plan for the training of professionals; the launching of a "girl-friendly school" concept; and the large-scale mobilization of social actors. The main achievements of the advocacy and social communication programme have been the provision of support to the Government in preparing and submitting the initial report to the Committee on the Rights of the Child; the formulation of specific recommendations for bringing national legislation into line with the principles of the Convention on the Rights of the Child; the conduct of a knowledge, attitude and practices (KAP) study on the use of impregnated mosquito nets; and the holding of three sessions of Parliament. The achievements of the social policies programme include the development of the conceptual framework and basic orientation of this programme; validation of the study on the 20/20 Initiative; activities in aid of Baka children; production of the performance chart on the situation of women and children in Cameroon; conduct of the multiple indicator cluster survey (MICS) with a view to the preparation of the national report on the end-decade review; identification of all partners and structures for statistical data; and implementation of the integrated monitoring and evaluation plan.

7. **Constraints.** The programme has been plagued by a number of constraints, including delays in the payment of advances to the Government; the failure to identify what government bodies are responsible for specific projects; the arrival of new government partners and members of UNICEF in mid-cycle; the failure to include national counterpart funds in the programme's resources; the involvement of only a few national managers in the strategic and operational management of projects; the lack of appropriate and formal mechanisms for conducting a dialogue with partners; and the high turnover among national partners involved in project execution.

8. In addition to these general constraints, there have also been constraints specific to each sectoral programme or project. The health and nutrition programme

has had to contend with a shortage of staff in some ministry departments and a low rate of involvement of women in decision-making bodies at all levels. The proper functioning of the basic education programme has been hampered by Cameroonian officials' lack of experience in non-formal basic education, lack of consultation among the various ministries involved in the programme, the poor professional qualifications of teachers and the absence of reliable data. The advocacy and social communication programming suffered from a lack of interest on the part of national partners and the absence of a media plan and an integrated communication plan. The implementation of the social policies programme has suffered from poor management, failure to take into account the relationship between the programme's two component projects, the eight-month absence of one of the project officers, the absence of national managers during key phases, the absence of basic data (the most recent population census was in 1987), poor cooperation between the different actors and insufficient funding.

9. **Assessment of programme strategies: lessons learned.** The country programme is composed of four basic strategies: service delivery, capacity-building, advocacy and community empowerment. The weight of each strategy varies from project to project. Following the Government's failure to account for considerable cash advances, it was decided to resort more systematically to service delivery for the health and nutrition programme. However, that practice has decreased over time. In the area of education, the level of assistance in the form of service delivery has increased in line with the programme's absorptive capacity. The country programme has emphasized micro-planning and the formulation of development plans at the health district level. Although such a strategy was already a part of primary health care and had been widely used by the health and nutrition programme, it was a novelty for the education programme, which used it to launch the "girl-friendly school" initiative.

10. Inadequate coordination with other development partners with a view to ensuring child survival, development and protection has affected the visibility of the activities of UNICEF, whose role is to strengthen such coordination. The programme is encountering some difficulties in influencing the development of sectoral strategies in the context of the Heavily Indebted Poor Countries Debt Initiative. It should become more involved in the United Nations Development Assistance Framework (UNDAF) in order to influence this process. Advances to the Government for the health and nutrition programme have had to be stopped. Despite this constraint, however, the implementation of its project activities has continued, with the Government making purchases against subsequent reimbursement. As a preferred method, reimbursement is a major challenge because of the cumbersome transactions it entails for UNICEF. Following the meningitis epidemics and the eruption of Mount Cameroon, the programme has felt a need to prepare for emergencies in order to cope with possible disasters.

11. **Country programme management plan.** It has been recommended that a health administrator's post should be created for the Adamaoua region in order to facilitate the programme's implementation in that region of the far north. The budgetary review of the new HIV/AIDS programme established in 1999 has been formally approved. The review recommended the strengthening of relations with partners, non-governmental organizations, the media and the general public, as well as the strengthening of teamwork within the office in order to ensure an effective and healthy working environment. The programming cycles of the United Nations

Population Fund (UNFPA), the World Food Programme (WFP), the United Nations Development Programme (UNDP) and UNICEF have been harmonized as part of the United Nations reform process. Strategy formulation in the context of the preparation of future cooperation programmes of these four agencies will normally have to be based on the Common Country Assessment (CCA) which is currently under elaboration — UNICEF is a member of its steering committee — and on the formulation, in 2001, of the United Nations Development Assistance Framework (UNDAF).

## Guinea-Bissau

12. Preparation of the review began with the establishment of an inter-ministerial committee and the preparation of a plan of work coordinated by the State Secretariat for Planning. The committee was also responsible for preparing the end-term review and the multiple indicator cluster survey (MICS). It is composed of non-governmental organizations, media representatives and agencies of the United Nations system. The process contributed considerably to the strengthening of institutional relationships between UNICEF and the Government. The formal mid-term review meeting could not be held because of the tense political situation in the country during the last quarter of 2000.

13. **The situation of children and women.** Guinea-Bissau is facing serious economic, financial and social problems caused by the 1998-1999 war and by poverty. The country's already precarious social services have deteriorated as a result of the war. Many health facilities were ransacked and health services are no longer operational. Pre-natal care coverage decreased from 66 per cent in 1996 to 53 per cent in 1999. Births assisted by health personnel also declined from 31 to 18 per cent during that period, while the percentage of children under a year old with complete immunization coverage fell from 30 to 15 per cent. According to the MICS results, the infant mortality rate is 124 per 1,000 live births and the infant and child mortality rate is 203 per 1,000. Malaria, the primary cause of morbidity and mortality at all ages, accounts for 58 per cent of patient visits to health centres. Diarrhoea, acute respiratory infections and measles, together with malnutrition, are common ailments for the children of Guinea-Bissau. In 1996, the maternal mortality rate was estimated at 700 per 100,000 live births.

14. HIV-1 prevalence rose from 1.4 per cent to 14.2 per cent between 1993 and 1999, while the combined prevalence of HIV-1 and HIV-2 increased from 1.4 to 5.9 per cent. During and after the war, there was no equipment for HIV testing and there were no educational activities or operational health facilities. Sixty per cent of the population is estimated to have access to safe drinking water and 63 per cent to have proper latrines. The war also destroyed school infrastructures: 500 classrooms were destroyed or taken over by the armed forces and 2,000 tables were either destroyed or stolen. Very limited access to school and poor teaching quality are major problems for education in Guinea-Bissau. The crude enrolment rate is 46 per cent for boys and 39 per cent for girls. The majority of teachers have not received any teacher training. Only 37 per cent of the adult population is literate. The school drop-out rate and the lack of employment opportunities for young school-leavers contribute to the increase in crime, drug use and prostitution among teenagers.

15. **Achievements.** Although the programme was approved at the end of 1997, the outbreak of war in June 1998 prevented its start-up. UNICEF launched an emergency operation which was to last a year. Attempts were made in 1999 and 2000 to return to regular programming. Only a handful of planned activities could be carried out during the period covered by the review. After the conflict, priorities were redirected towards revitalizing social services; supporting national partners in rebuilding some of their capacities; building wells and latrines; re-establishing the cold chain; launching national immunization days (NIDs) for the eradication of poliomyelitis; distributing vitamin A; organizing the multiple indicator cluster survey (MICS), with strong participation by other agencies of the United Nations system and the World Bank; preparing the country's report on the implementation of the Convention on the Rights of the Child for submission to the Committee on the Rights of the Child; analysing national legislation on the production and sale of salt; and conducting a study on children in conflict situations.

16. Internally, it has been necessary to reorganize the office's working procedures, boost staff morale and increase accountability and monitoring of the use of UNICEF resources. Significant results have been achieved, notably re-establishment of the cold chain both centrally and regionally and polio immunization and vitamin A distribution, which reached 100 per cent of children. Initiatives have been taken to combat HIV/AIDS and mother-to-child transmission, distribute impregnated mosquito nets, restart the national salt iodization project, effect direct distribution by UNICEF of medicine, supplies and school equipment, and participate in the preparation of the poverty reduction strategy document. Coordination within the United Nations system on security problems is continuing. Great attention has been paid to establishing relations with the World Bank and the African Development Bank.

17. **Constraints.** The review identified continuing constraints on the implementation of the programme and the return to regular programming. Political and institutional instability persists and led to further conflict in November 2000. Cash-flow problems are causing delays in the payment of wages to State employees. Because morale is low among civil servants and national technical capacities are weak, the Government is heavily dependent on UNICEF to execute programme activities. The situation is unlikely to improve in the near future, given the persistence of economic and financial problems and the political tensions in the country.

18. **Country programme management plan.** It was not possible to organize a formal review meeting. However, the analysis made of the programme during the review preparation process highlighted the need to redefine the programme to take account of the national political context. UNICEF interventions must be better targeted in the light of the country's financial and institutional realities and emphasize cooperation with regional development partners. The programme requires a number of adjustments, including placing greater emphasis on UNICEF priorities: greater attention to child protection, including the improvement of civil registration; combating HIV/AIDS and malaria; relaunching immunization efforts and revitalizing health services; adolescent development; education for girls; and logistical support for the Government. Overall, external resources are declining, whereas the country's heavy dependence on international aid is increasing. This situation demands that UNICEF make greater efforts to mobilize more resources to

halt the trend towards deteriorating living conditions and towards violations of the human rights of children and women in Guinea-Bissau.

## Mali

19. The review process began with the establishment of a national steering committee for the review, and four programme committees: survival, development, protection and advocacy/planning. It consisted of a review of available documentation, the preparation of working papers on the basis of the guidelines, particularly those on the mainstreaming of human rights and gender, the analysis of the various documents, and the drafting and approval of the programme report. The process, which was supported by the UNICEF regional office, was highly participatory and was conducted in a very open spirit of partnership with non-governmental organizations and agencies of the United Nations system. The review took place in a context particularly favourable to advocacy for the rights of the child, immediately following the visit of the Deputy Executive Director and at a time when Mali, as President of the Economic Community of West African States (ECOWAS), was promoting many initiatives helpful to such advocacy: synchronized national immunization days, creation of the ECOWAS health area and a meeting of six heads of State of Sahelian countries on education for all as a follow-up to the World Education Forum.

20. **The situation of children and women.** The high mortality and morbidity rates are disturbing: the infant mortality rate was 123 per 1,000 live births, infant and child mortality was 238 per 1,000 and maternal mortality was 577 per 100,000 live births. Malaria remains the chief cause of morbidity and mortality in Mali. It is estimated that 40 per cent of the population live more than 15 kilometres from a health centre (60 per cent at the start of the decade).

21. HIV/AIDS is a source of increasing concern for the Malian authorities. The most recent data available (1991) showed a prevalence rate of 3 per cent. Access to safe drinking water has improved (from 47 per cent of the population in 1997 to 57 per cent in 2000). Approximately 42 per cent of school-age children (56 per cent of girls) do not go to school, compared with 53 per cent in 1997 (59 per cent of girls). Classrooms are overcrowded (56 pupils per teacher) and operate on a system of double holidays and double sessions. Teaching quality is declining steadily and this also makes pupils, especially girls, lose interest. In the area of protection of children and women, few data are available, particularly on civil registration of births, juvenile justice, child labour, street children and child beggars. The phenomenon of street children, which has grown in recent years in Bamako and other large urban centres of the country, encourages trafficking in children, a phenomenon that has been vigorously condemned since 1999.

22. **Achievements.** The goals and objectives of the cooperation programme, centred on promoting the rights of children and women, mark a significant shift in the orientation of UNICEF cooperation in Mali. The basic health project has brought positive results in the area of decentralized planning, with the formulation of nine district health development plans. Support for perinatal care and the setting up of the referral system have yielded good results; five districts out of a planned eight have been equipped with radio communication systems to facilitate the evacuation of women experiencing difficult labour, and a reduction in maternal mortality in the

areas covered has been observed. The community empowerment objective has been implemented through the village approach, involving 545 villages in 17 of the country's 55 administrative districts. The health project has also supported the Expanded Programme on Immunization, supplementing efforts made by the Government under the Vaccine Independence Initiative by helping re-establish the cold chain and logistics and organize national immunization days, including the distribution of vitamin A. Action to combat HIV/AIDS and malaria, which is not clearly identified in the programme documents, has fallen far short of what is required.

23. The water, hygiene and sanitation project has produced satisfactory results in terms of access to safe drinking water (benefiting 46,000 persons) and reduction of the pump breakdown rate (now less than 20 per cent). The campaign against Guinea worm has been a real success, with a very substantial reduction in the number of cases in the Mopti region covered by the programme (60 per cent). One segment of the decentralized basic education, planning and management project was aimed at drawing up and finalizing, over the five years, decentralized educational development plans for the country's 47 districts. The segment in support of renovation and construction of classrooms, which has a strong community participation component, has already benefited 88 of the 450 schools targeted, contributing to an increase in enrolment rates (by 5 to 6 per cent over the first two years) and a reduction in disparities between boys and girls. The institutional support provided at the regional and national levels has been translated into activities at the Kayes and Mopti regional management training centres, supplementary training and retraining of teachers (1,800 in two years), the establishment of the national information system, the adaptation of curricula, particularly in the areas of health education and convergent teaching methods, and, lastly, the promotion of reading in the national languages (reproduction and distribution of 30,000 readers).

24. The project providing support to decentralized development has made little progress in strengthening the viability and sustainability of social services, largely because of the delay in implementing the decentralization policy which the programme is intended to support. Decentralized services and local elected officials have yet to take advantage of the mapping of rural communes undertaken throughout the territory. The protection programme is aimed at developing a culture of rights by promoting, securing and defending children's and women's rights. The achievements of a project aimed at enhancing the legal and social environment relate mainly to assistance with the drafting of new codes on the family and on the protection and promotion of the rights of the child and with the production and utilization of an educational manual on the rights of the child adapted to the Malian context. A core group of 24 instructors has been trained. Several studies have been conducted on girl domestic workers (Mopti), children requiring special protection (Ségou and Kayes) and the cross-border traffic in children between Mali and Côte d'Ivoire. Literacy programmes for women and girls in poor urban areas and the provision of support to drop-in centres for street children are mainly the responsibility of national non-governmental organizations and have produced significant results (more than 4,000 children reached), particularly in terms of increasing the access of these groups to information. Activities conducted over the first three years under the advocacy and planning programme for social development include the establishment of two information systems (Ministry of the Economy,

Ministry of Communication); the training of national managers in analysis and planning of social policies (189 managers trained), the evaluation of which will be completed in early 2001; and support, in partnership with UNDP and UNFPA, for the realization of the 20/20 Initiative, which has entered the implementation of recommendations phase.

25. **Constraints**. The revitalization and construction of health centres (35 during the period under review out of 85 planned) have also suffered from a lack of monitoring and supervision, but this has been offset by greater involvement on the part of the partners. Because of the lack of basic indicators in certain areas, including protection (indicators on children requiring special measures of protection), it has not been possible to measure the progress made. The poor performance of the non-governmental organizations involved in the community segment of the education for all project undermined the effectiveness of all the planned activities and came about largely because an agreement was signed with a group of associations that did not coordinate their actions as expected, making it difficult to keep to the stipulated goals. The new mechanism providing for the signing of individual agreements with each non-governmental organization should enable these difficulties to be overcome. The chronic shortage and lack of motivation of staff are elements that must be taken into account in all segments of the programme. There is a need to adopt innovative approaches (system of rewards, wide dissemination of positive experiences), while at the same time urging the Government to reaffirm the value of human resources.

26. **Assessment of programme strategies: lessons learned**. The overall results of the first three years demonstrate the relevance of the strategies and major lines of action, particularly with respect to the strengthening of a culture of rights. The results achieved in enhancing access to services are satisfactory, although they have not been matched by improvements in the quality of services. Some successes (the campaign against Guinea worm, the integration of vitamin A distribution in national immunization days (NIDs), the fight against the traffic in children) are counterbalanced by delays, particularly in the areas of social policies and educational planning at the regional level. Efforts to ensure that the programme is convergent and coherent by means of an intersectoral approach have also been analysed, confirming the effectiveness of decentralization as a point of entry for such an approach. It has been possible to forge links between education and health and to achieve convergence of areas of intervention in the Mopti region. The village approach has also proved to be an important factor for integration.

27. Cooperation with the other partners has proved to be very productive as far as the implementation of the Ten-year Health and Social Development Programme (PRODESS) is concerned. Annual planning of the Programme's regional plans of operations is being carried out with all the partners involved (World Health Organization (WHO), UNFPA, World Bank, European Union and bilateral partners) and is allowing the programming and resource management processes to be gradually harmonized. Coordination among those working to assist street children is also proving effective (international and national non-governmental organizations and local associations, including several youth organizations). The United Nations Development Assistance Framework (UNDAF) was drawn up in 1998 on the basis of the cooperation cycle and has resulted in the setting up of several sectoral committees and the development and implementation of several joint initiatives: with UNDP and UNFPA, a project on the rights and participation of teenage girls

financed by the United Nations Foundation, Inc.; with WFP, an initiative in support of school cafeterias; with the International Labour Office and the International Programme on the Elimination of Child Labour (IPEC), a study on child labour; with WHO and several other partners, an initiative in support of NIDs; and with the United Nations Educational, Scientific and Cultural Organization (UNESCO), several initiatives on girls' education. Other activities have been developed with bilateral partners (with the United States Agency for International Development, a study on population and health; with the Government of the Netherlands, basic health initiatives in the north of the country; and with international non-governmental organizations, including the Save the Children Alliance, an initiative on the traffic in children and child labour). There has been little action to combat malaria and HIV/AIDS, mainly because no provision was made for it in the plans of operation under the cooperation programme.

28. **Country programme management plan**. Out of a planned total of $23.5 million for the first three years of the programming cycle, a total of $21.8 million has been mobilized, or 93 per cent of the planned amount. For the first two years of the programme, the funding commitment rate remained under 70 per cent (64 and 68 per cent in 1998 and 1999 respectively). The high level of resource mobilization can be explained, inter alia, by regular resource allocations (significantly above the amounts planned) and by the special funding obtained by Mali in order to accelerate the realization of the goals of the decade. The mid-term management review confirmed the suitability of the structure of the office in working to support the cooperation programme. However, some changes were proposed in order to take account of emerging priorities (creation of an international HIV/AIDS post and of two new international posts of adviser to regional health departments).

## Mauritania

29. The mid-term review of the programme was brought forward one year in response to the decision to harmonize the cycles of United Nations agencies beginning in 2003. The Division of Social Development coordinated and organized the process in close cooperation with UNICEF. Independent national consultants were given the responsibility of reviewing progress under each of the three programmes. Three sectoral technical committees were formed to review the three programmes which make up the cooperation programme. The analysis was complemented by visits to project sites, but also by interviews with recipients and with the primary actors at the central, regional, local and community levels. The process was also supported by the regional office. To consolidate the inter-agency approach in the context of United Nations reform, the resident coordinator's office provided support for the report's preparation.

30. **The situation of children and women**. Health-care coverage is improving and, in terms of the geographical accessibility of basic health units, 63 per cent of the population has access to such units within a 5-kilometre radius and 80 per cent within a 10-kilometre radius. Immunization coverage has been extended considerably as a result of the organization of national immunization days (NIDs), during which 87 per cent of children were immunized against polio and 93 per cent against measles. A demographic and health survey, the results of which will be available in 2001, is currently being carried out. The years 1999 and 2000 were marked by the Government's recognition and adoption of the rights-based approach,

including the ratification of the Convention on the Elimination of All Forms of Discrimination against Women and the ongoing elaboration of the first national plan of action on human rights. The initial report on the Convention on the Rights of the Child, which should have been submitted in 1993, was not submitted until early 2000.

31. **Achievements**. The activities carried out under the cooperation programme have made it possible to support national programmes (immunization, Guinea worm, malaria, HIV/AIDS, nutrition, education, youth, communication) and to monitor, at the legal and institutional level, the adjustments imposed by the ratification of international instruments such as the two Conventions. With respect to water supply, 36 public standpipes installed in 1999 in disadvantaged areas on the outskirts of Nouakchott serve about 40,000 people. Community water management has reduced the cost of a cubic metre of water from $3.71 to $0.80. In the area of nutrition, units for the production of weaning foods are helping to improve the nutritional status of about 25,000 children during weaning. Flour and meal produced locally by these units cost four times less than imported flour and meal. Primary school attendance has increased overall and particularly among girls: the crude rate of school enrolment for girls in the programme's three pilot regions rose from 78.3 per cent to 80.5 per cent between 1999 and 2000.

32. Women now have access to microcredit through 10 "Nissa Banks", with an average repayment ratio of more than 90 per cent. About 2,000 women have benefited from these income-generating initiatives. Nine communication poles established in 1999-2000 provide local communications to more than 300,000 people. The multiplication of requests from communities to join the communication project or to extend the activities of the cooperation programme indicates that the programme is well suited to the population's needs and that it has had a positive effect on the population. Some of the major activities carried out had not been planned or adequately taken into consideration initially: these include the 20/20 Initiative; the involvement of UNICEF in the Poverty Reduction Strategy Paper (PRSP) process; the joint preparation, with four other United Nations agencies (WHO, Food and Agriculture Organization of the United Nations (FAO), UNFPA and UNDP), of a United Nations Fund for International Partnerships (UNFIP) project on girls' education; and involvement in the process of United Nations reform (CCA and UNDAF). A number of studies were carried out under the programme, the most important of which concern the "role of basic health units in the Mauritanian health care system", the "opportunity costs of girls' school enrolment", "young people's organizations" and the "integrated communication pole in Nouadhibou".

33. **Constraints**. Nonetheless, many constraints are hampering the programme and explain the late implementation of certain activities. The country's vast land area and the lack of road and communication infrastructures are a constraint on the accessibility of some very vulnerable rural groups. The persistence of dominant cultural patterns, such as the division of labour in what was until recently a rigidly hierarchical society, makes it difficult to promote the rights and status of children and women in certain population groups. Some sectors, particularly in emerging areas (rights, early childhood, youth, efforts to combat maternal mortality), suffer from a shortage of human resources which causes delays in reporting progress to the Government and in programme execution. Community organization is not very developed, making it difficult to identify and mobilize local partners that could provide effective liaison between programmes and recipients. The population's

appropriation of certain activities poses the problem of community involvement in the definition of initiatives. Lack of statistical data is a major constraint for the formulation of realistic targets and for programme evaluation.

34. **Assessment of programme strategies: lessons learned**. The mid-term review showed that the cooperation programme is fully in line with the country's needs, in conformity with the analysis of the national situation and with the international commitments undertaken by Mauritania. The relevance and coherence of the programme's central objectives and themes were underscored in the course of the review, but it was noted that project goals were not clearly defined and that that could result in the dispersion of activities. It was agreed that a review of goal-setting for the next two years would be conducted, supplemented by systematic use of the logical framework approach in preparing plans of action for 2001. Many lessons have been learned from the programme's implementation. The application of the "rights and gender" approach and of the concepts of non-discrimination, universality and the best interest of the child will require action in new areas, thereby increasing the number of activities. The programme's geographical coverage is already very broad, however, and will have to be reduced to avoid dispersion.

35. The review showed that some cross-sectoral activities have suffered from the persistent verticality of institutional structures and UNICEF, demanding coordinated planning among the actors involved and making implementation more difficult. Complementarity of activities will have to be strengthened in the next two years. The opportunities afforded by the PRSP process and the programme in support of the health sector, and soon by the UNDAF approach (2001), for improving the strategic position of UNICEF and its partners will have to be seized in order to strengthen complementarities and synergies. Coordination should therefore be strengthened in such areas as efforts to combat maternal mortality, the Bamako Initiative, action to combat malaria, and routine immunization. The shortage, mobility and excessive workload of national managers are slowing down the decentralization process. In this connection, the review recommends the capacity-building of non-governmental organizations and community structures and that emphasis should be placed on participatory micro-planning of initiatives at the regional, departmental and communal levels.

36. **Country programme management plan**. Overall, the financial performance rate has been modest: from about 51 per cent in 1999, it improved greatly and reached 80 per cent in 2000, once the Programme Manager System (PROMS) introduced in 1999 had been mastered. In view of the increased workload, the establishment of an information technology assistant post and a logistical supply assistant post has been requested. Mauritania is finding it difficult to mobilize funds from donors and lenders, particularly for activities outside the areas of immunization and girls' education. Efforts to seek funds will be a major focus in the years to come.

## Major country programme evaluations and other initiatives

37. For all four country programmes reviewed, monitoring and evaluation problems were identified as an obstacle to good planning and to assessing programme results. In the region in general, the national statistical systems essential for monitoring the situation and rights of children and women are encountering all

kinds of problems: weak capacity in terms of human, material and financial resources; lengthy delays in the publication of current statistics; and the absence of monitoring mechanisms in emerging areas such as protection and participation. Country programme monitoring, specifically, is being undermined by weak supervision and the limited involvement of programme partners in this area. However, the year 2000 saw a surge of activity in the collection and analysis of quantitative data through the multiple indicator cluster survey (MICS) and of qualitative information as part of the end-decade review process. Fourteen countries successfully conducted an MICS, three countries launched a demographic and health survey and some countries used recent data sources or conducted special surveys to measure progress towards achieving the objectives of the World Summit for Children. Never before has so much information been gathered on the situation and rights of children in the region. As a result of support for national decentralization policies and thus the gradual decentralization of programmes of cooperation with UNICEF, community-based planning and monitoring systems are developing in several countries, including the Central African Republic, Chad, Ghana, Senegal and Togo. The current availability of plentiful data has made it easier to assess the situation of children and women in the region.

38. The most significant progress in the past few years has been in the formulation and implementation of policies for salt iodization and the import of iodized salt. These policies have contributed to a rapid growth in iodized salt consumption by households. Other areas where progress has been made are the distribution of vitamin A capsules, the reduction in cases of Guinea worm disease and polio and the resumption of the expanded programme on immunization (EPI). School enrolment, on the other hand, despite the widespread emergence of schools offering a second chance, seems to have levelled out in countries where satisfactory levels have been achieved, while the quality of teaching and staff training is declining almost everywhere in the region. Without a doubt, health is the area that has suffered the greatest setbacks, if results are measured in terms of impact. In their reports for the end-decade review, many countries noted an increase in infant and child mortality. One cause is the AIDS pandemic, which is spreading throughout the region at different rates from one country to another. Moreover, UNICEF involvement in combating malaria, considered the primary cause of morbidity in many countries of the region, is still minor. The available data do not show a definite trend in maternal mortality, but it is high in the region. Statistics are being developed in the area of child protection and participation, with the result that more data are becoming available on civil registration of children, non-residence of children with one or both biological parents, orphans, disabled children and child trafficking. Such information should assist in the planning and evaluation of activities relating to the situation and rights of children in the region.

## Community capacity-building in Togo

39. The community capacity-building programme forms part of the 1997-2001 cooperation programme between the Government of Togo and UNICEF. It was initiated and put into effect in the framework of poverty reduction efforts. It covers eight prefectures in three regions of the country and has the following specific objectives: (a) to improve planning, management and monitoring capacities in 50 per cent of the village communities in the selected prefectures, ensuring the

equitable participation of women in that process; and (b) to increase to 80 per cent the access of women to the specific services they have identified as having priority in those villages that have developed a village plan of action in the eight prefectures, and to ensure their involvement in management. The main operational strategies developed are: (a) the empowerment of communities, particularly women, through training, information, organization and above all the establishment of specific groups to identify and analyse problems on a basis of parity between men and women; (b) support for the provision of specific basic services using the village plan of action as a local reference tool for harmonizing development activities; (c) a diversified partnership (non-governmental organizations, Government, decentralized cooperation, cooperation with agencies of the United Nations system and other agencies) to provide multiform, complementary support appropriate to the multisectoral nature of the village plans of action; and (d) institutional capacity-building for governmental and non-governmental participants. The project was evaluated to determine how the strategies have been implemented and assess the services provided by the programme and their impact on recipients.

40. The evaluation revealed the following results: a change in men's attitudes to women, in the form of greater respect for women's rights to participate in the basic development process and, specifically, to be involved in the planning, execution, management and monitoring of activities aimed at improving their living conditions; effective mobilization of communities, particularly women; alleviation of women's domestic chores; better management of group income-generating activities (credit, milling, livestock raising, market gardening); and a revival of activity on the part of village development committees, which are making more serious efforts to develop their communities. These very encouraging results bear out the main recommendation of the evaluation, namely, to increase the level of community participation in applying the participatory approach to mobilization and development planning. The community capacity-building programme has demonstrated clearly the efficacy and usefulness of the participatory approach as a contributory process to national development, which is one conducted and tested by and for the grass roots and with the equitable participation of women, thereby helping communities to take ownership of development activities. These results show that it would be worthwhile launching the programme in other areas of Togo or elsewhere in the future.

## Review of the Expanded Programme on Immunization in Senegal

41. The Expanded Programme on Immunization (EPI) is going through a difficult period in Senegal. It has benefited from considerable resources and achieved noticeable results, but continuing progress towards attaining the goals of the World Summit for Children remains a major challenge. This review has been conducted in response to the wishes of the Government and all the partners that the Programme should receive a boost. Its principal findings are the following: (a) the EPI is severely affected by the constraints inherent in the health system and the socio-economic environment; (b) although some aspects are worrisome (health personnel have been on strike since 1997 and there are frequent vaccine supply problems), the Programme nevertheless has a lot in its favour in Senegal, including the commitment of the national authorities at the highest level (with a follow-up unit in the Office of the President of the Republic, appreciable financial participation by the

State and communities and a decentralization process with know-how and resources transferred to local authorities). In addition, Senegal's partners have indicated their interest and willingness to provide support for routine immunization; (c) while its situation is not catastrophic, the EPI in Senegal is experiencing difficulties which have much more to do with organizational problems than with the availability of resources and equipment.

42. Meeting this challenge calls for a number of guidelines and urgent measures. At the political level, the new authorities' commitments on health and preventive activities need to be translated into action, and the unit in the Office of the President of the Republic which monitors implementation of the goals of the Summit should be maintained. At the strategic level, there is a need to set up an inter-agency coordinating committee for the EPI, drawing a national strategic plan for the EPI, strengthen the Vaccine Independence Initiative; and resolve the strike action by health workers and implement a staff motivation plan for them. At the technical level, urgent, durable measures should be taken to ensure regular supplies of vaccine; decentralized micro-planning and monitoring and evaluation should be resumed and strengthened; and the national office for major endemic diseases should be strengthened. The implementation of these recommendations could help to give new impetus to the EPI.

## Violence against children in the family and in primary school in Cameroon

43. A study on violence in the upbringing and education of children has been conducted in four provinces in Cameroon. Its objectives are, inter alia, to draw attention to the widespread use of beatings in the upbringing and education of children, to inform people and institutions concerned with the upbringing and education of children about the prevalence and nature of this practice and to provide statistics on the seriousness of the problem. The study shows that such violence is very widespread and seems to be considered normal in Cameroon: 83 per cent of parents and 93 per cent of teachers say they use beatings in the upbringing and education of children. Children themselves state that they are often beaten in the family (90 per cent) or at school (97 per cent). Parents and teachers should be challenged about these findings, for their behaviour has an adverse effect on children's personalities and development. The study also provides valuable information for government decision makers to pass legislation on the issue and develop programmes to promote respect for children's rights, particularly their rights to protection and participation.

## Repetition and school drop-out rates in Cameroon

44. School drop-out rates and repetitions demonstrate the low internal rates of return of the school system in Cameroon. In order to get a better picture of these phenomena, a study has been conducted with a sample of 30 schools, 233 "repeaters" and 207 primary-school dropouts. The study shows that dropping out tends to be attributable to various constraints rather than to a voluntary, personal decision on the part of the child: the required costs of schooling, the purchase of school supplies, punishments, or early marriage in the case of girls, eventually

discourage more than 50 per cent of pupils from continuing their education, and 14 per cent of drop-outs are due to academic failure, itself largely attributable to the learning process. The additional, non-statutory payments which teachers demand from their pupils also contribute to drop-outs, since pupils are severely punished and beaten when they fail to make these payments. Other factors which contribute to the high drop-out rate are the double school day for Muslim children who are also enrolled in Koranic schools, almost non-existent guidance at home, a vertical pedagogical approach which leaves the pupil no room for initiative, the beating of children and the sexual harassment and even abuse of girls. The school system's internal rates of return could be improved if all these factors were taken into account.

## Conclusion

45. Examination of the reports on the mid-term reviews for these four West and Central African countries brings out the following points: (a) there is still little progress in the area of child survival and development, despite the efforts of Governments and development partners, including UNICEF. In the area of child survival in particular, the situation seems to be deteriorating because of the poor performance of the EPI in recent years and the increasing impact of HIV/AIDS, which has left many children orphaned, while malaria, against which only limited action has been taken thus far, remains one of the primary causes of mortality. War has exacerbated the various problems in Guinea-Bissau, where the social and health situation was already one of the worst in the region; (b) the rights-based approach is gaining strength, particularly in Mali, the first country in the region to adopt it. However, the difference that this approach has made, aside from its name, needs to be better documented; (c) the UNDAF process is gaining strength in Mali and preparations are in hand to harmonize programming cycles in Mauritania. The national decentralization policy is proving itself everywhere to be an indispensable strategy for reaching those who are most difficult to reach, ensuring participation by all in the management of public affairs and empowering communities. The complexity of emerging problems such as trafficking in children, children orphaned by HIV/AIDS and population displacements caused by armed conflict, against a backdrop of extreme poverty such as that in Guinea-Bissau and Mali, is a major challenge for almost all the countries of the region.